

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Precise Care, LLC
License No. 0018

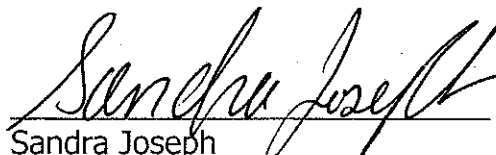
VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Sandra Joseph, President and Owner, Precise Care, LLC, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this Affidavit on the basis of personal knowledge.
3. Precise Care, LLC of Bridgeport, Connecticut ("Precise Care") is licensed by the Connecticut Department of Public Health (hereinafter "the Department") to operate a Home Health Care Agency in Connecticut. Precise Care presently holds license number 0018. I am the Owner and President of Precise Care, and I am authorized to sign this Affidavit on behalf of Precise Care.
4. Precise Care hereby voluntarily surrenders its license to operate a Home Health Care Agency in Connecticut.
5. I understand and agree that if Precise Care or any of its officers or directors seek a new license or to reinstate its license at any time in the future, the allegations contained in the Violation Letters dated February 25, 2009, April 17, 2009 and May 19, 2009 as amended by the May 29, 2009 Violation Letter shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute and complete discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing Precise Care or any of its officers or directors may have regarding any request that the license be reinstated or that a new license be issued and also waive any right that Precise Care or any of its officers or directors may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this Affidavit and the Department's file are public documents, unless otherwise protected by federal and state law and regulations,

and I am executing this Affidavit in settlement of the allegations contained in the above-referenced file.

8. I understand and agree that this Affidavit is a reportable event and is public information.
9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss its case against Precise Care.
10. I have consulted with an attorney prior to signing this Affidavit.
11. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
12. I understand that the purpose of this agreement is to resolve the pending matter against Precise Care's license and is not intended to affect any claim of civil liability that might be brought against me.



Sandra Joseph
President and Owner
Precise Care, LLC

Subscribed and sworn to before me this 16 day of June, 2009.



My Commission Expires Jan. 31, 2013
Notary Public
Commissioner of Superior Court

Accepted: _____

Joan Leavitt, RN, Section Chief
Healthcare Systems Branch

June 16th, 2009